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**State:** Arkansas **Filing Company:** Catholic Financial Life  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Level Term  
**Project Name/Number:** valuation change/CNO-165

## Filing at a Glance

Company: Catholic Financial Life  
Product Name: Level Term  
State: Arkansas  
TOI: L04I Individual Life - Term  
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 11/21/2012  
SERFF Tr Num: CAKN-128777254  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: CNO-165  
  
Implementation: On Approval  
Date Requested:  
Author(s): Donna Peterson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/29/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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**Product Name:** Level Term  
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## General Information

Project Name: valuation change	Status of Filing in Domicile: Authorized
Project Number: CNO-165	Date Approved in Domicile: 10/29/2012
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type:	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/29/2012
	State Status Changed: 11/29/2012
Deemer Date:	Created By: Donna Peterson
Submitted By: Donna Peterson	Corresponding Filing Tracking Number:

### Filing Description:

We are a fraternal benefit society filing a term product to replace our previously approved contract 2010 TRM AR approved July 2, 2010. (SERFF no. CAKN 126675997 State no.: 46077). We are filing to change the valuation rate. The only other change with this filing from the original filing is that we are increasing the policy fee to \$75 and making it variable. The policy fee will vary by issue date or special marketing programs. The range would be [\$50 - \$120] That change is highlighted on the specification page for easy recognition. Highlighting will be removed after approval. All other contract wording is identical to the original filing.

The policy is an individual level term life insurance contract that is renewable and convertible. Premiums are level for 10, 20 or 30 years and renewable to age 95. The John Doe 20-year data page is inserted in the policy. The John Doe specification pages for the 10 year and 30 year duration are at the end of the policy after the back cover.

The following approved riders may be issued with this contract:

- 1) Waiver of Premium; form 2010 WP TRM;
- 2) Children's Term Rider; form 2010 CHLD TRM RDR;
- 3) 20 Yr Term Rdier for Additional Insured; form 2010 20 YR2 TRM RDR;

1-3 are all part of SERFF filing CAKN-126600876 state no.46077 approved July 2, 2010.

- 4) Accelerated Death Benefit Rider; form 2010 ICC ACEL 2 RDR (SERFF no. FRCS-126732175 state no. 46618 approved 9/2/2010)

This product will not be illustrated. It is being submitted in final print format. This filing will be marketed to individuals both through licensed agents and direct mail to our members.

## Company and Contact

### Filing Contact Information

Donna Peterson,	donna.peterson@catholicfinanciallife.org
1100 W Wells Street	414-278-6509 [Phone]
Milwaukee, WI 53233	

**State:** Arkansas  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
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**Filing Company Information**

Catholic Financial Life	CoCode: 56030	State of Domicile: Wisconsin
1100 West Wells Street	Group Code:	Company Type: Fraternal
Milwaukee, WI 53233	Group Name:	State ID Number: 2796
(414) 273-6266 ext. 6509[Phone]	FEIN Number: 39-0201015	

**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	One term product filed. Our state of domicile, Wisconsin does not charge form filing fees.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Catholic Financial Life	\$50.00	11/21/2012	65111319

State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
Product Name:	Level Term		
Project Name/Number:	valuation change/CNO-165		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Level Term Life Insurance	Donna Peterson	11/26/2012	11/26/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catholic Financial Life
<b>TOI/Sub-TOI:</b>	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
<b>Product Name:</b>	Level Term		
<b>Project Name/Number:</b>	valuation change/CNO-165		

## Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form (revised)	Level Term Life Insurance		Yes
Form	Level Term Life Insurance		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catholic Financial Life
<b>TOI/Sub-TOI:</b>	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
<b>Product Name:</b>	Level Term		
<b>Project Name/Number:</b>	valuation change/CNO-165		

## Amendment Letter

Submitted Date: 11/26/2012

### Comments:

Our entire product team missed that the old policy fee was hard coded in the language of section 9.2 Because we are filing a variable policy contract fee we need to amend section 9.2 to be in sync.

### Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Level Term Life Insurance	2012 TRM AR	CER	Initial		50.000	Pol w chng hghltd amnd 9.2.pdf	Date Submitted: 11/26/2012 By:
<i>Previous Version</i>								
1	Level Term Life Insurance	2012 TRM AR	CER	Initial		50.000	Pol w 10&30 spc pgs end.pdf	Date Submitted: 11/21/2012 By: Donna Peterson

No Rate Schedule Items Changed.

No Supporting Documents Changed.

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catholic Financial Life
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<b>Product Name:</b>	Level Term		
<b>Project Name/Number:</b>	valuation change/CNO-165		

## Form Schedule

Lead Form Number: 2012 TRM AR								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Level Term Life Insurance	2012 TRM AR	CER	Initial		50.000	Pol w chng hghltd amnd 9.2.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



**CATHOLIC FINANCIAL LIFE**  
1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[www.catholicfinanciallife.org](http://www.catholicfinanciallife.org)

Insured: [John Doe]  
Certificate Number: [123456]

**LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract  
Premiums Payable as scheduled in Section 1  
Renewable to Age 95 – Convertible as stated in Section 1  
Participating

**READ YOUR CONTRACT CAREFULLY** This is a legally binding insurance contract between you and Catholic Financial Life. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

**Catholic Financial Life** agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

**RIGHT TO CANCEL** – The owner may cancel this contract for any reason before midnight on the twentieth (20<sup>th</sup>) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30<sup>th</sup>) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to Catholic Financial Life, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any Catholic Financial Life authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Financial Life will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[		]
[		
	President	Secretary



## TABLE OF CONTENTS

SECTION 1 SPECIFICATIONS	3
SECTION 2 DEFINITIONS	4
SECTION 3. GENERAL PROVISIONS	5
3.1 Insurance Proceeds	5
3.2 The Payment of Interest on in Insurance Proceeds	5
3.3 The Contract	5
3.4 Incontestability	6
3.5 Suicide	6
3.6 Misstatement of Age or Sex	6
3.7 Maintenance of Legal Reserves	6
3.8 Decrease in Face Value	6
3.9 Termination	6
3.10 Forms and Procedures	7
SECTION 4. OWNERSHIP	7
4.1 The Owner	7
4.2 Transfer of Ownership.	7
4.3 Successor Owner	7
4.4 Collateral Assignment	7
SECTION 5. PREMIUMS AND REINSTATEMENT	7
5.1 Premium Amount	7
5.2 Premium Payment.	8
5.3 Premium Due Date	8
5.4 Change of Premium	8
5.5 Reinstatement	8
SECTION 6. DIVIDENDS	9
6.1 Annual Dividends	9
6.2 Use of Dividends	9
6.3 Lapse, Termination, and Expiry of Contract	9
SECTION 7. BASIS OF RESERVES	9
7.1 Basis of Reserves	9
SECTION 8. CONVERSION	9
8.1 Requirements	9
8.2 New Contract	10
8.3 Conversion Credit	10
8.4 Disability	10
SECTION 9. RENEWAL PROVISIONS	10
9.1 Renewal	10
9.2 Table of Renewal Premiums	11
SECTION 10 BENEFICIARY	11
10.1 Designated Beneficiary	11
10.2 Change of Beneficiary.	12
SECTION 11. PAYMENT OF INSURANCE PROCEEDS.	12
11.1 Optional Payment Plans	12 & 13
11.2 Who May Choose a Payment Plan.	13
11.3 Frequency of Payments	13
11.4 Minimum Payment Guarantee	13
11.5 Payout Plan Guaranteed Payments	13 & 14

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe] **FACE AMOUNT OF INSURANCE:** [\$100,000]  
**ISSUE AGE:** [35] **SEX:** [male] **CERTIFICATE NUMBER:** [1234567]  
**CERTIFICATE DATE:** [7/1/2012] **PREMIUM CLASS:** [NON-TOBACCO]  
**ADDITIONAL INSURED:** [Jane B. Doe] **PREMIUM CLASS:** [NON-TOBACCO]  
**ISSUE AGE:** [33] **SEX:** [female]

**OWNER:** [John D. Doe] **DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [18<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[20] Yr Level Term	[\$100,000]	[\$177.00]	[20 Years]	[2030]
Waiver of Premium Rider	[\$100,000]	[\$ 42.00]	[20 Years]	[2030]
Children's Level Term Insurance Rider	[\$ 10,000]	[\$60.00]	[20 Years]	[2030]
Additional Insured 20 Yr Term Rider	[\$100,000]	[\$119.00]	[20 Years]	[2030]
Contract Policy Fee		[\$75.00]	[20 Years]	[2030]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$473.00]	[\$245.96]	[\$39.40]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the AR Department of Insurance is 501-371-2600

## SECTION 2. DEFINITIONS

**YOU** and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

**WE, US** and **OUR** means Catholic Financial Life.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

A **RIDER** is an attachment to the contract. It provides additional benefits.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

**CONTRACT YEARS ANNIVERSARIES** and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

**WRITTEN NOTICE** means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

**IN FORCE** means the insured's life remains insured under the terms of this contract. This contract is in effect.

**TERMINATE** means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 3.1) depends upon the payment of premiums (Section 5.2). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.9 and 5.2).

## **SECTION 3 GENERAL PROVISIONS**

### **3.1 Insurance Proceeds**

When the insured dies, an amount of money, called the insurance proceeds, are payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance  
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract plus,
- Any dividends left with us to earn interest plus,
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;  
MINUS
- Any premium due

### **3.2 Payment of Interest on the Insurance Proceeds**

a) The insurance proceeds are paid to the beneficiary within one month after we receive due proof of the insured's death and the claimant's right to payment. We pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 11 are selected.

b) Interest accrues at the effective annual rate or rates applicable to the contract for funds left on deposit. , If the society has not established a rate for funds left on deposit, interest accrues at the Two Year Treasury Constant Maturity Rate published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

c) Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

- (i) The date that due proof of death is received by the society;
- (ii) The date the society receives sufficient information to determine it's liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to the society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

### **3.3 The Contract**

This contract is issued in consideration of:

- a. your application;
- b. the payment of premiums; and
- c. the contract and rider provisions.

The entire contract consists of:

- a. this certificate;
- b. any additional benefits provided by rider;
- c. the attached application;
- d. any required medical examination or declaration of insurability; and
- e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the Catholic Financial Life is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the determination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

### **3.4 Incontestability**

After the contract has been in force for a period of two (2) years during the lifetime of the insured it shall become incontestable as to the statements contained in the application.

Within two (2) years after the effective date of a reinstatement we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

### **3.5 Suicide**

If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid.

### **3.6 Misstatement of Age or Sex**

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

### **3.7 Maintenance of Legal Reserves**

The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding contracts. The amount thus apportioned to your contract shall either:

- a. be paid in cash by you; or
- b. be an indebtedness against your contract at a rate of interest - 8% per annum.

### **3.8 Decrease in Face Value**

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

### **3.9 Termination**

The contract will terminate:

- a. when we receive written notice to terminate; or
- b. when the insured dies; or
- c. if any premium due is unpaid at the end of the grace period; or
- d. on the expiry date shown in Section 1 unless renewed; or
- e. on the policy anniversary on or immediately following your 95<sup>th</sup> birthday.

### **3.10 Forms and Procedures**

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

## **SECTION 4. OWNERSHIP**

### **4.1 The Owner**

The owner is named on page 3. The owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured.

### **4.2 Transfer of Ownership**

You may transfer the ownership of this contract during the lifetime of the insured. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed subject to any payments made or actions taken by the society prior to receipt of the notice.

### **4.3 Successor Owner**

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the account owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

### **4.4 Collateral Assignment**

An assignment of this contract will not be binding on us unless:

- a. it is in writing; and
- b. it is received by us at our Home Office.

We will not be responsible for the validity of any assignment. We will not be liable for any payments made or actions taken before receipt of written notice of an assignment.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership.

## **SECTION 5. PREMIUMS AND REINSTATEMENT**

### **5.1 Premium Amount**

The annual premium amount for the [thirty (30)] year level term insurance is shown on page 3. This premium amount applies for all [thirty (30)] years. The annual premium for any riders is shown on page 3.

### **5.2 Premium Payment**

**A. PAYMENT** The first premium is due and must be paid as of the certificate date. All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 3). If you want a receipt for premium payment, we will provide one upon request.

**B. FREQUENCY** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.

**C. GRACE PERIOD.** You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds.

### **5.3 Premium Due Date**

The due date for the first premium is the certificate date as listed on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

### **5.4 Change of Premium**

The annual premium for this contract on the certificate date is shown in Section 1. The annual premium is the premium that is payable until the Expiration date shown in Section 1. The annual premium is guaranteed not to change until that Expiration date.

Commencing on the Expiration Date we annually will review the annual premium to be charged the ensuing contract year according to future expectations or emerging experience as to one or more factors, including:

- a. mortality;
- b. interest;
- c. expenses; and
- d. persistency.

The annual renewable premium in effect on any contract anniversary, however, may never be greater than the maximum guaranteed annual premium. Maximum guaranteed annual premiums for the term life insurance to age 95 benefit are shown in Section 9.2 Table of Maximum Guaranteed Renewable Premiums. The premium for any attached riders or for any special class rating shall be added to such premium.

No change in premium will occur because of a change in health of the insured. Any change in premium will not result in a change in the guaranteed benefits provided by this contract.

Any change in premium will be on a uniform basis for all insureds;

- a. with the same age at issue or renewal,
- b. of the same sex; and
- c. in the same premium class; and
- d. whose policies have been in force for the same length of time.

### **5.5 Reinstatement**

You may reinstate this contract within three (3) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the contract upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

- a. Provide evidence of insurability satisfactory to us; and
- b. Pay all overdue premiums with interest at the rate shown in Section 1 from the due date of each premium.

## **SECTION 6. DIVIDENDS**

2012 TRM AR (20)

## **6.1 Annual Dividends**

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

## **6.2 Use of Dividends**

At your option, dividends may be:

- a. left on deposit at interest at such rate as our Board of Directors may from time to time declare, but never less than 1.5 %; or
- b. paid in cash; or
- c. used to pay a premium on this contract.

Unless elected otherwise, Option a. will be applied.

## **6.3 Lapse, Termination, and Expiry of Contract**

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

## **SECTION 7. BASIS OF RESERVES**

### **7.1 Basis of Reserves**

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

## **SECTION 8. CONVERSION**

### **8.1 Requirements**

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

- a. Making a written application for conversion at any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
- b. Making payment of the full first premium for the new contract; and
- c. Returning this certificate.



## 8.2 New Contract

The new contract will be limited to:

- a. Insurance on the same person as the insured under this contract.
- b. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
- c. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.
- d. The Suicide and Incontestability provisions of the new contract will be measured from the contract date of this contract.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

## 8.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

## 8.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of:

- (a) the [30<sup>th</sup>] contract anniversary, or
- (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

## SECTION 9. RENEWAL PROVISIONS

### 9.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on the most recent page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the [30<sup>th</sup>] contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this contract shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be no greater than the premium shown in the Table of Maximum Guaranteed Renewable Premiums for the contract premium class, and the insured's sex and age as of his or her birthday immediately preceding the renewal date as set forth in the Section 9.2.

## 9.2 Table of Maximum Guaranteed Renewal Premiums

The maximum annual renewal premium for this contract shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding the **page 3 Contract Policy fee**. The premium for any attached riders or for any special class rating shall be added to such premium.

[

Male Non-tobacco							
Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates
26	3.13	43	6.39	60	30.55	77	169.91
27	3.19	44	7.07	61	34.18	78	189.74
28	3.19	45	7.81	62	38.40	79	211.98
29	3.19	46	8.55	63	43.02	80	236.80
30	3.19	47	9.17	64	47.84	81	263.81
31	3.19	48	9.66	65	52.87	82	292.46
32	3.22	49	10.28	66	57.97	83	323.78
33	3.32	50	11.09	67	63.31	84	358.63
34	3.39	51	12.13	68	68.95	85	397.43
35	3.55	52	13.40	69	75.29	86	440.15
36	3.71	53	14.86	70	82.69	87	486.37
37	3.94	54	16.71	71	91.67	88	535.57
38	4.23	55	18.79	72	102.18	89	587.25
39	4.49	56	20.94	73	113.26	90	638.83
40	4.84	57	23.03	74	125.18	91	689.71
41	5.26	58	25.12	75	138.18	92	743.09
42	5.78	59	27.57	76	152.85	93	799.44
						94	858.87

]

## SECTION 10 BENEFICIARY

### 10.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. The beneficiary:

- will receive the insurance proceeds when the insured dies;
- is named in the application for this contract; and
- may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

- The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
- If no beneficiary survives the insured, the insurance proceeds will be paid in one sum to the owner, if living. If the owner is not living, the insurance proceeds will be paid to the owner's estate.

## 10.2 Change of Beneficiary

The owner may change the beneficiary designation:

- a. while the insured is alive; and
- b. if the prior designation does not prohibit such a change; and
- c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. No change is binding on us until it is recorded at our home office. Once recorded the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We have the right to require that you send us this contract so we can record the change.

## SECTION 11. PAYMENT OF INSURANCE PROCEEDS

### 11.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 3.1, optional payment plans available upon death of the insured are:

**A. Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than one and one-half (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

**B. Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

#### **C. Payments Based on a Single Life**

**1. Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

**2. Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

**D. Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

**E. Other Plans** – Other periodic plans may be arranged with us.

Any chosen benefit will never be less than what we would provide for our Single Premium Immediate Annuity

contract purchased at the same time for the same class of annuitants.

### **11.2 Who May Choose a Payment Plan**

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

### **11.3 Frequency of Payments**

Monthly, quarterly, semiannual or annual payments may be selected.

### **11.4 Minimum Payment Guarantee**

a. The amount of the periodic payment in Section 11.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one-half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

b. Tables 1, 2 and 3 in Section 11.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

### **11.5 Payout Plan Guaranteed Payments**

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are also based on the Annuity 2000 Mortality tables, split by sex.

**TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD**

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

**TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE**

Payee's Age	No Certain Period				Certain Periods	
					10 Year	20 Year
	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

**TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS**

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

**LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract

Premiums Payable as scheduled in Section 1

Renewable to Age 95 – Convertible as stated in Section 1

Participating



**1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[www.catholicfinanciallife.org](http://www.catholicfinanciallife.org)**

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catholic Financial Life
<b>TOI/Sub-TOI:</b>	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
<b>Product Name:</b>	Level Term		
<b>Project Name/Number:</b>	valuation change/CNO-165		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Catholic Financial Life is a fraternal society and is exempt from participation in the Life and Health Guaranty Associaton..		
Attachment(s):			
AR Cert Title 19.pdf			
AR Flesch.pdf			
Complaint Discl Cert sgnd.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This two-part life application was approved in AR on 6/16/10. SERFF filing no: FRCS-126669812 AR filing no 45939		
Attachment(s):			
non-compct part I.pdf			
non-compct part II.pdf			



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Catholic Financial Life

**Form Titles:**

Level Term Life Insurance

**Form Numbers:**

2012 TRM AR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

A handwritten signature in black ink, reading "Elizabeth Emory Gabrys", is written over a horizontal line.

Elizabeth Emory Gabrys FAA MAAA  
Vice President & Chief Actuary

November 19, 2012

Date





## READABILITY CERTIFICATION

**Company Name:** Catholic Fraternal Life

I hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

Form Number	Score
2012 TRM AR	50

*Elizabeth Emory Gabrys*

Elizabeth Emory Gabrys FAA MAAA  
Vice President & Chief Actuary

November 19, 2012

Date



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Catholic Financial Life


**Form Titles:**

Level Term Life Insurance

**Form Numbers:**

2012 TRM AR

The Society certifies that the Complaint Notice required by Section 23-79-138 will be provided with every policy issued in Arkansas.

  
Elizabeth Emory Gabrys FAA MAAA  
Vice President & Chief Actuary

November 20, 2012

Date



# Catholic Financial Life

Application for Membership and Insurance to:

Catholic Financial Life  
1100 West Wells Street  
Milwaukee, Wisconsin 53233  
(800) 927-2547

☐ New Business  
☐ Conversion from Certificate No: \_\_\_\_\_

☐ New Member  
☐ Changes to Certificate No: \_\_\_\_\_

## A. MEMBERSHIP

### Proposed Primary Insured

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Where can you be reached for additional information? \_\_\_\_\_  
Best Days: M T W T H F Best times \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Are you a US Citizen, or do you have permanent residence status?  
☐ Yes - Proof of Identity \_\_\_\_\_  
☐ No - If not a U.S. citizen, provide 1-151 (green card) number \_\_\_\_\_ No. of years in US \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State \_\_\_\_\_  
Previous Name/s: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Income \_\_\_\_\_  
Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish \_\_\_\_\_  
If no, do you otherwise qualify for membership? Explain \_\_\_\_\_

### Owner (Must complete section if Owner is not the Insured)

☐ Individual Relationship to proposed insured \_\_\_\_\_  
☐ Male ☐ Female SS/ITIN No: \_\_\_\_\_ DOB \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
☐ Trust Contact person \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Successor Owner

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payor (complete if Payor is other than Insured or Owner)

Relationship to Owner and Insured \_\_\_\_\_  
SS/ITIN No: \_\_\_\_\_ DOB \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

POLICY DATE

POLICY NUMBER

## Additional Proposed Insured

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best Days: M T W T H F      Best times \_\_\_\_\_ ☐ a.m. ☐ p.m.

☐ Yes - Proof of Identity \_\_\_\_\_

Driver's License: \_\_\_\_\_ State \_\_\_\_\_

Occupation:	Employer	Income

If no, do you otherwise qualify for membership? Explain

**Children's Information (List additional children in Remarks)**

Name: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

☐ Male ☐ Female      SS/ITIN No      DOB:      Age

Name: \_\_\_\_\_

First Middle Initial Last

☐ Male   ☐ Female   SS/TIN No. \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ LIT \_\_\_\_\_ WT \_\_\_\_\_

Are there any children on whom coverage is not being requested? ☐ Yes ☐ No

Are there any children on whom coverage is not being requested? ☐ Yes ☐ NO  
If yes; child's name \_\_\_\_\_ Reason \_\_\_\_\_

Beneficiary(List additional beneficiaries in Remarks)	

Primary: Full Name	Relationship	Social Security/Tax ID No
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Contingent: Full Name	Relationship	Social Security/Tax ID No
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Parish/Charity Name \_\_\_\_\_ Amount or Percent \_\_\_\_\_

☐ Custodian for minors: Name \_\_\_\_\_ DOB \_\_\_\_\_ SS/ITIN/TAX No \_\_\_\_\_

☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving

## B. COVERAGE

Plan Of Insurance;
--------------------

Amount remitted with this application in Exchange for the Society's receipt \$

Mode:   ☐ Annual        ☐ Semi-Annual   ☐ Quarterly        ☐ Monthly EFT \_\_\_\_\_ (day)

Automatic Loan ☐ Yes ☐ No

UL planned premium \$ \_\_\_\_\_

☐ Layer/Additions to UL Amount \_\_\_\_\_ = \_\_\_\_\_

POLICY DATE	POLICY NUMBER
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POLICY NUMBER

**Riders**

- ☐ Accidental Death Benefit                      ☐ Waiver of Premium  
☐ Guaranteed Insurability Option              ☐ Paid Up Addition  
☐ Term Rider (Primary Insured) \$ \_\_\_\_\_  
☐ Term Rider (Additional Insured) \$ \_\_\_\_\_  
☐ Children's Term Rider \$ \_\_\_\_\_

**Premium Class**

- Primary                      ☐ Tobacco    ☐ Select Tobacco    ☐ Non-Tobacco    ☐ Select    ☐ Select Plus  
 Additional Insured Primary    ☐ Tobacco    ☐ Select Tobacco    ☐ Non-Tobacco    ☐ Select    ☐ Select Plus

**We will issue the policy in the Premium Class for which the Proposed Insured qualifies**

**C. REPLACEMENT/SUITABILITY**

1. Does any proposed insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group) ☐ Yes    ☐ No  
 2. Does any proposed insured intend to replace, discontinue or change any such coverage? ☐ Yes    ☐ No  
**If YES to 1 or 2 provide the following information, and complete and return any required replacement forms**

Insured Name	Policy No:	Amount	Company

**D. PRELIMINARY DECLARATION OF INSURABILITY**

**Primary**                      Height \_\_\_\_\_                      Weight \_\_\_\_\_

1. Has the Proposed Insured ever been diagnosed or treated for diabetes, cancer, heart disease, alcoholism, drug abuse or high blood pressure? ☐ Yes    ☐ No  
 2. Has the Proposed Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes    ☐ No  
 3. Has the Proposed Insured used tobacco in any form in the past 12 months? ☐ Yes    ☐ No

**Additional Proposed Insured:** Height \_\_\_\_\_                      Weight \_\_\_\_\_

1. Has the Proposed Insured ever been diagnosed or treated for diabetes, cancer, heart disease, alcoholism, drug abuse or high blood pressure? ☐ Yes    ☐ No  
 2. Has the Additional Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes    ☐ No  
 3. Has the Additional Insured used tobacco in any form in the past 12 months? ☐ Yes    ☐ No

**E. REMARKS**


**F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION**

I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the Proposed Insured; and a policy has been issued: and the full first premium has been received by the Society; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

I (we) have received the notification about the Federal Fair Credit Reporting act and the Medical Information Bureau.

I AUTHORIZE the following to release information about me to Catholic Financial Life or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, a consumer reporting agency, and/or employers.

POLICY DATE	POLICY NUMBER
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**F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION (Continued)**

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by Catholic Financial Life. I authorize them to collect and transmit such information I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully required, or as I further authorize.

I KNOW that I, or my authorized representative, may request a copy of this Authorization. I AGREE that a photographic or faxed copy of this Authorization shall be as valid as the original. I ACKNOWLEDGE that I received the "Notice to Applicant" form. I AGREE this Authorization shall be valid for two years from the date shown below.

**G. AGREEMENT (check one)**

☐ Catholic Financial Life conditional coverage receipt was given for this life insurance plan. I acknowledge that I have read the receipt provided and understand its terms, conditions and limitations. I understand that I will not receive any insurance coverage for my money unless a policy is issued as applied for.

☐ No conditional coverage receipt was given for this insurance plan. I acknowledge that I have not paid any premium for this insurance. I understand that this insurance is not in effect and that the first premium must be paid upon delivery of the policy.

I hereby apply for insurance in the amount on the plan and at the rate stated in this application. I agree that the entire contract consists of this application for life insurance and all supplemental application forms required for the contract or change applied for the policy, the statement of insurability, and medical examination statements, the Articles of Incorporation and By-Laws of the Society.

**IT IS AGREED:**

- 1) I have read the application and all statements in this application are to the best of my knowledge and belief true, complete and correctly recorded.
- 2) No Representative of the Society has the authority to waive any question contained in the application or to modify the application in any way.
- 3) No Representative is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.
- 4) No information acquired by any agent shall bind the Society unless set out in writing in this application.
- 5) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered, accepted by the owner and the first payment made. This must occur during the lifetime and insurability of the applicant under this contract and the health of all persons to be insured remains as stated in the application.
- 6) The contract applied for shall take effect on the later of the date requested by the applicant, or the approval date of the application from the Society at the Home Office.
- 7) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the Society. We do not make changes in the plan of insurance or payment without your written consent.
- 8) Except as provided in the Conditional Temporary Life Insurance Agreement Receipt, issued if the first premium for the contract applied for is paid, no insurance will take effect unless and until
  - a. A contract of insurance is issued and delivered
  - b. The first full premium is paid during the life time of the person to be covered; and
  - c. The health of all persons to be insured remains as stated in this application.

**Any person who knowingly presents a false statement in an application  
for insurance may be guilty of a criminal offense  
and subject to penalties under state law.**

Dated at \_\_\_\_\_ on \_\_\_\_\_  
City State Month Day Year

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Additional Insured

\_\_\_\_\_  
Signature of Parent/Guardian for Minor

\_\_\_\_\_  
Signature of Owner (if other than insured)

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent No.

Split Advisor No. \_\_\_\_\_ Percentage \_\_\_\_\_

POLICY DATE

POLICY NUMBER



Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_

**PROPOSED INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE EXPLAINED AND REFERENCED IN REMARKS.**

Has or does the person proposed for this insurance coverage:	Yes	No
1) Ever engaged in or expect to engage within the next two years any of the following: a. Aviation activities as a pilot or crew member?	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin or Scuba Diving; organized motor vehicle or motor boat racing; mountain climbing; professional rodeo competition; skydiving; parachuting, hang-gliding?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you or do you intend to become a member of the Armed Forces (including Reserves or National Guard)?	<input type="checkbox"/>	<input type="checkbox"/>
3) a. Drink alcoholic beverages? If yes, how much per week? _____ (one drink = 12 oz. beer, 4 oz. wine, or 1 oz. hard liquor) Amount _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever had or been advised by a physician, practitioner, or court of law to have treatment for alcohol, drug, or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4) a. Had insurance or reinstatement refused, postponed, limited, offered, or quoted on a rated or substandard basis?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will this insurance replace or change any existing life insurance or annuity contract?	<input type="checkbox"/>	<input type="checkbox"/>
c. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home.	<input type="checkbox"/>	<input type="checkbox"/>
5) Ever been cited for driving while intoxicated (DWI), or driving under the influence (DUI)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Ever been cited for any other driving violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6) Ever been convicted in a court of law for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
7) a. Have you traveled outside the United States within the past 2 years or intend to travel outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you lived outside of the United States within the past 2 years or intend to live outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you now use or have you ever used tobacco or nicotine in any form? If yes, indicate the type of tobacco used: <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigar <input type="checkbox"/> chewing tobacco <input type="checkbox"/> other If applicable, the date you stopped: _____	<input type="checkbox"/>	<input type="checkbox"/>
9) a. Were your parents, brothers or sisters diagnosed and treated for mental illness, diabetes, heart, kidney or liver disease, high blood pressure, stroke or cancer? If yes, name person(s). b. Give name, cause and age at death of father, mother, brother(s), sister(s) if deceased: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
10) Full name and complete address of personal physician; the date, reason last seen and diagnosis: _____ _____		
11) Have you declared bankruptcy in the last 7 years or had any suits, judgments or liens against you? If yes, discharged date: _____	<input type="checkbox"/>	<input type="checkbox"/>



**COMPLETION OF QUESTIONS 12-19 IS REQUIRED IN ALL CASES. ANY "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.**

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Has or does the person proposed for insurance coverage:	Yes	No
12) Ever been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:		
a. Respiratory (lungs, bronchi, trachea, etc.) such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?	<input type="checkbox"/>	<input type="checkbox"/>
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
d. Nervous (brain, nerves, etc.) such as, but not limited to, paralysis, stroke, fainting, dizziness, epilepsy, convulsions, recurring headaches?	<input type="checkbox"/>	<input type="checkbox"/>
e. Musculo-skeletal (muscles, bones, joints, spine, etc.) such as, but not limited to, neck/back problems, fracture, arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
f. Genito-urinary (kidney, bladder, reproductive organs, etc.) such as, but not limited to, kidney stones, infection, bleeding, male or female disorders?	<input type="checkbox"/>	<input type="checkbox"/>
g. Glandular (thyroid, pancreas, adrenal, lymph glands, etc.) such as, but not limited to, abnormal growth or function, including diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
13) Been diagnosed or treated by a member of the medical profession for:		
a. impaired sight, or eye disorder	<input type="checkbox"/>	<input type="checkbox"/>
b. impaired hearing, or ear disorder	<input type="checkbox"/>	<input type="checkbox"/>
c. hernia	<input type="checkbox"/>	<input type="checkbox"/>
d. skin disease	<input type="checkbox"/>	<input type="checkbox"/>
e. any sexually transmitted disorders or diseases	<input type="checkbox"/>	<input type="checkbox"/>
14) Been diagnosed or treated by a member of the medical profession for any mental, nervous, psychological, or emotional condition or disorder, such as, but not limited to, anxiety, depression, or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have you ever been diagnosed or treated for cancer, tumor, cyst, or growth?	<input type="checkbox"/>	<input type="checkbox"/>
16) Gained or lost more than 10 pounds in the past year? Amount: _____ Cause: _____	<input type="checkbox"/>	<input type="checkbox"/>
17) Within the past 5 years: (Refer to disclaimer concerning AIDS test results at top of page)		
a. Have you been treated, examined or advised by a member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a physical examination? If yes, list the reason for and results below.	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been on, or now on, prescribed diet or medication? List description of medication or diet, date prescribed and name and address of prescriber in remarks	<input type="checkbox"/>	<input type="checkbox"/>
e. Currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? List description of non-prescribed medications in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
18) Been diagnosed or treated by a member of the medical profession the past 10 years for complications of pregnancy (such as C-section) or now pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
19) a. Been treated or diagnosed by a member of the medical profession as having any disorder of the blood or immune system, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever been treated by a member of the medical profession as having the AIDS (TTLV-III) Virus or tested positive to FDA licensed blood tests?	<input type="checkbox"/>	<input type="checkbox"/>



### Remarks:

For all yes answers list question number and give full details, including name; address, and telephone number of the medical professional or facility providing treatment; diagnosis, dates of diagnoses, consultations, tests and treatments:

[illegible]

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be attached to and made a part of the insurance issued upon it, and will be used to determine if coverage will be issued.

**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

Signature of Proposed Insured

Date \_\_\_\_\_

Signature of Owner/Applicant, if other than Proposed Insured

Signed at (City, State)

State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium		
Product Name:	Level Term		
Project Name/Number:	valuation change/CNO-165		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/20/2012		Form	Level Term Life Insurance	11/26/2012	Pol w 10&30 spc pgs end.pdf (Superceded)



**CATHOLIC FINANCIAL LIFE**  
1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[www.catholicfinanciallife.org](http://www.catholicfinanciallife.org)

Insured: [John Doe]  
Certificate Number: [123456]

**LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract  
Premiums Payable as scheduled in Section 1  
Renewable to Age 95 – Convertible as stated in Section 1  
Participating

**READ YOUR CONTRACT CAREFULLY** This is a legally binding insurance contract between you and Catholic Financial Life. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

**Catholic Financial Life** agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

**RIGHT TO CANCEL** – The owner may cancel this contract for any reason before midnight on the twentieth (20<sup>th</sup>) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30<sup>th</sup>) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to Catholic Financial Life, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any Catholic Financial Life authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Financial Life will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[		]
[		
	President	Secretary

## TABLE OF CONTENTS

SECTION 1 SPECIFICATIONS	3
SECTION 2 DEFINITIONS	4
SECTION 3. GENERAL PROVISIONS	5
3.1 Insurance Proceeds	5
3.2 The Payment of Interest on in Insurance Proceeds	5
3.3 The Contract	5
3.4 Incontestability	6
3.5 Suicide	6
3.6 Misstatement of Age or Sex	6
3.7 Maintenance of Legal Reserves	6
3.8 Decrease in Face Value	6
3.9 Termination	6
3.10 Forms and Procedures	7
SECTION 4. OWNERSHIP	7
4.1 The Owner	7
4.2 Transfer of Ownership.	7
4.3 Successor Owner	7
4.4 Collateral Assignment	7
SECTION 5. PREMIUMS AND REINSTATEMENT	7
5.1 Premium Amount	7
5.2 Premium Payment.	8
5.3 Premium Due Date	8
5.4 Change of Premium	8
5.5 Reinstatement	8
SECTION 6. DIVIDENDS	9
6.1 Annual Dividends	9
6.2 Use of Dividends	9
6.3 Lapse, Termination, and Expiry of Contract	9
SECTION 7. BASIS OF RESERVES	9
7.1 Basis of Reserves	9
SECTION 8. CONVERSION	9
8.1 Requirements	9
8.2 New Contract	10
8.3 Conversion Credit	10
8.4 Disability	10
SECTION 9. RENEWAL PROVISIONS	10
9.1 Renewal	10
9.2 Table of Renewal Premiums	11
SECTION 10 BENEFICIARY	11
10.1 Designated Beneficiary	11
10.2 Change of Beneficiary.	12
SECTION 11. PAYMENT OF INSURANCE PROCEEDS.	12
11.1 Optional Payment Plans	12 & 13
11.2 Who May Choose a Payment Plan.	13
11.3 Frequency of Payments	13
11.4 Minimum Payment Guarantee	13
11.5 Payout Plan Guaranteed Payments	13 & 14

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe] **FACE AMOUNT OF INSURANCE:** [\$100,000]  
**ISSUE AGE:** [35] **SEX:** [male] **CERTIFICATE NUMBER:** [1234567]  
**CERTIFICATE DATE:** [7/1/2012] **PREMIUM CLASS:** [NON-TOBACCO]  
**ADDITIONAL INSURED:** [Jane B. Doe] **PREMIUM CLASS:** [NON-TOBACCO]  
**ISSUE AGE:** [33] **SEX:** [female]

**OWNER:** [John D. Doe] **DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [18<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[20] Yr Level Term	[\$100,000]	[\$177.00]	[20 Years]	[2030]
Waiver of Premium Rider	[\$100,000]	[\$ 42.00]	[20 Years]	[2030]
Children's Level Term Insurance Rider	[\$ 10,000]	[\$60.00]	[20 Years]	[2030]
Additional Insured 20 Yr Term Rider	[\$100,000]	[\$119.00]	[20 Years]	[2030]
Contract Policy Fee		[\$75.00]	[20 Years]	[2030]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$473.00]	[\$245.96]	[\$39.40]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the AR Department of Insurance is 501-371-2600

## SECTION 2. DEFINITIONS

**YOU** and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

**WE, US** and **OUR** means Catholic Financial Life.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

A **RIDER** is an attachment to the contract. It provides additional benefits.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

**CONTRACT YEARS ANNIVERSARIES** and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

**WRITTEN NOTICE** means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

**IN FORCE** means the insured's life remains insured under the terms of this contract. This contract is in effect.

**TERMINATE** means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 3.1) depends upon the payment of premiums (Section 5.2). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.9 and 5.2).

## **SECTION 3 GENERAL PROVISIONS**

### **3.1 Insurance Proceeds**

When the insured dies, an amount of money, called the insurance proceeds, are payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance  
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract plus,
- Any dividends left with us to earn interest plus,
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;  
MINUS
- Any premium due

### **3.2 Payment of Interest on the Insurance Proceeds**

a) The insurance proceeds are paid to the beneficiary within one month after we receive due proof of the insured's death and the claimant's right to payment. We pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 11 are selected.

b) Interest accrues at the effective annual rate or rates applicable to the contract for funds left on deposit. , If the society has not established a rate for funds left on deposit, interest accrues at the Two Year Treasury Constant Maturity Rate published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

c) Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

- (i) The date that due proof of death is received by the society;
- (ii) The date the society receives sufficient information to determine it's liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to the society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

### **3.3 The Contract**

This contract is issued in consideration of:

- a. your application;
- b. the payment of premiums; and
- c. the contract and rider provisions.

The entire contract consists of:

- a. this certificate;
- b. any additional benefits provided by rider;
- c. the attached application;
- d. any required medical examination or declaration of insurability; and
- e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the Catholic Financial Life is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the determination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

### **3.4 Incontestability**

After the contract has been in force for a period of two (2) years during the lifetime of the insured it shall become incontestable as to the statements contained in the application.

Within two (2) years after the effective date of a reinstatement we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

### **3.5 Suicide**

If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid.

### **3.6 Misstatement of Age or Sex**

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

### **3.7 Maintenance of Legal Reserves**

The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding contracts. The amount thus apportioned to your contract shall either:

- a. be paid in cash by you; or
- b. be an indebtedness against your contract at a rate of interest - 8% per annum.

### **3.8 Decrease in Face Value**

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

### **3.9 Termination**

The contract will terminate:

- a. when we receive written notice to terminate; or
- b. when the insured dies; or
- c. if any premium due is unpaid at the end of the grace period; or
- d. on the expiry date shown in Section 1 unless renewed; or
- e. on the policy anniversary on or immediately following your 95<sup>th</sup> birthday.



### **3.10 Forms and Procedures**

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

## **SECTION 4. OWNERSHIP**

### **4.1 The Owner**

The owner is named on page 3. The owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured.

### **4.2 Transfer of Ownership**

You may transfer the ownership of this contract during the lifetime of the insured. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed subject to any payments made or actions taken by the society prior to receipt of the notice.

### **4.3 Successor Owner**

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the account owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

### **4.4 Collateral Assignment**

An assignment of this contract will not be binding on us unless:

- a. it is in writing; and
- b. it is received by us at our Home Office.

We will not be responsible for the validity of any assignment. We will not be liable for any payments made or actions taken before receipt of written notice of an assignment.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership.

## **SECTION 5. PREMIUMS AND REINSTATEMENT**

### **5.1 Premium Amount**

The annual premium amount for the [thirty (30)] year level term insurance is shown on page 3. This premium amount applies for all [thirty (30)] years. The annual premium for any riders is shown on page 3.

### **5.2 Premium Payment**

**A. PAYMENT** The first premium is due and must be paid as of the certificate date. All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 3). If you want a receipt for premium payment, we will provide one upon request.

**B. FREQUENCY** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.

**C. GRACE PERIOD.** You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds.

### **5.3 Premium Due Date**

The due date for the first premium is the certificate date as listed on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

### **5.4 Change of Premium**

The annual premium for this contract on the certificate date is shown in Section 1. The annual premium is the premium that is payable until the Expiration date shown in Section 1. The annual premium is guaranteed not to change until that Expiration date.

Commencing on the Expiration Date we annually will review the annual premium to be charged the ensuing contract year according to future expectations or emerging experience as to one or more factors, including:

- a. mortality;
- b. interest;
- c. expenses; and
- d. persistency.

The annual renewable premium in effect on any contract anniversary, however, may never be greater than the maximum guaranteed annual premium. Maximum guaranteed annual premiums for the term life insurance to age 95 benefit are shown in Section 9.2 Table of Maximum Guaranteed Renewable Premiums. The premium for any attached riders or for any special class rating shall be added to such premium.

No change in premium will occur because of a change in health of the insured. Any change in premium will not result in a change in the guaranteed benefits provided by this contract.

Any change in premium will be on a uniform basis for all insureds;

- a. with the same age at issue or renewal,
- b. of the same sex; and
- c. in the same premium class; and
- d. whose policies have been in force for the same length of time.

### **5.5 Reinstatement**

You may reinstate this contract within three (3) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the contract upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

- a. Provide evidence of insurability satisfactory to us; and
- b. Pay all overdue premiums with interest at the rate shown in Section 1 from the due date of each premium.

## **SECTION 6. DIVIDENDS**

2012 TRM AR (20)

## **6.1 Annual Dividends**

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

## **6.2 Use of Dividends**

At your option, dividends may be:

- a. left on deposit at interest at such rate as our Board of Directors may from time to time declare, but never less than 1.5 %; or
- b. paid in cash; or
- c. used to pay a premium on this contract.

Unless elected otherwise, Option a. will be applied.

## **6.3 Lapse, Termination, and Expiry of Contract**

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

## **SECTION 7. BASIS OF RESERVES**

### **7.1 Basis of Reserves**

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

## **SECTION 8. CONVERSION**

### **8.1 Requirements**

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

- a. Making a written application for conversion at any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
- b. Making payment of the full first premium for the new contract; and
- c. Returning this certificate.

## 8.2 New Contract

The new contract will be limited to:

- a. Insurance on the same person as the insured under this contract.
- b. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
- c. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.
- d. The Suicide and Incontestability provisions of the new contract will be measured from the contract date of this contract.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

## 8.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

## 8.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of:

- (a) the [30<sup>th</sup>] contract anniversary, or
- (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

## SECTION 9. RENEWAL PROVISIONS

### 9.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on the most recent page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the [30<sup>th</sup>] contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this contract shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be no greater than the premium shown in the Table of Maximum Guaranteed Renewable Premiums for the contract premium class, and the insured's sex and age as of his or her birthday immediately preceding the renewal date as set forth in the Section 9.2.

## 9.2 Table of Maximum Guaranteed Renewal Premiums

The maximum annual renewal premium for this contract shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding \$60. The premium for any attached riders or for any special class rating shall be added to such premium.

[

Male Non-tobacco							
Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates
26	3.13	43	6.39	60	30.55	77	169.91
27	3.19	44	7.07	61	34.18	78	189.74
28	3.19	45	7.81	62	38.40	79	211.98
29	3.19	46	8.55	63	43.02	80	236.80
30	3.19	47	9.17	64	47.84	81	263.81
31	3.19	48	9.66	65	52.87	82	292.46
32	3.22	49	10.28	66	57.97	83	323.78
33	3.32	50	11.09	67	63.31	84	358.63
34	3.39	51	12.13	68	68.95	85	397.43
35	3.55	52	13.40	69	75.29	86	440.15
36	3.71	53	14.86	70	82.69	87	486.37
37	3.94	54	16.71	71	91.67	88	535.57
38	4.23	55	18.79	72	102.18	89	587.25
39	4.49	56	20.94	73	113.26	90	638.83
40	4.84	57	23.03	74	125.18	91	689.71
41	5.26	58	25.12	75	138.18	92	743.09
42	5.78	59	27.57	76	152.85	93	799.44
						94	858.87

]

## SECTION 10 BENEFICIARY

### 10.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. The beneficiary:

- will receive the insurance proceeds when the insured dies;
- is named in the application for this contract; and
- may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

- The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
- If no beneficiary survives the insured, the insurance proceeds will be paid in one sum to the owner, if living. If the owner is not living, the insurance proceeds will be paid to the owner's estate.

## 10.2 Change of Beneficiary

The owner may change the beneficiary designation:

- a. while the insured is alive; and
- b. if the prior designation does not prohibit such a change; and
- c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. No change is binding on us until it is recorded at our home office. Once recorded the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We have the right to require that you send us this contract so we can record the change.

## SECTION 11. PAYMENT OF INSURANCE PROCEEDS

### 11.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 3.1, optional payment plans available upon death of the insured are:

**A. Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than one and one-half (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

**B. Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

#### **C. Payments Based on a Single Life**

**1. Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

**2. Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

**D. Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

**E. Other Plans** – Other periodic plans may be arranged with us.

Any chosen benefit will never be less than what we would provide for our Single Premium Immediate Annuity

contract purchased at the same time for the same class of annuitants.

### **11.2 Who May Choose a Payment Plan**

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

### **11.3 Frequency of Payments**

Monthly, quarterly, semiannual or annual payments may be selected.

### **11.4 Minimum Payment Guarantee**

a. The amount of the periodic payment in Section 11.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one-half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

b. Tables 1, 2 and 3 in Section 11.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

### **11.5 Payout Plan Guaranteed Payments**

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are also based on the Annuity 2000 Mortality tables, split by sex.

**TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD**

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

**TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE**

Payee's Age	No Certain Period				Certain Periods	
					10 Year	20 Year
	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

**TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS**

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41



**LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract

Premiums Payable as scheduled in Section 1

Renewable to Age 95 – Convertible as stated in Section 1

Participating



**1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[www.catholicfinanciallife.org](http://www.catholicfinanciallife.org)**

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe]  
**ISSUE AGE:** [35]  
**CERTIFICATE DATE:** [7/1/2012]

**SEX:** [male]

**FACE AMOUNT OF INSURANCE:** [\$100,000]  
**CERTIFICATE NUMBER:** [1234567]  
**PREMIUM CLASS:** [NON-TOBACCO]

**OWNER:** [John D. Doe]

**DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [10<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[10] Yr Level Term	[\$100,000]	[\$85.00]	[10 Years]	[2020]
Contract Policy Fee		\$75.00	[10 Years]	[2020]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$160.00]	[\$83.20 ]	[\$13.33]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the [AR Department of Insurance is 501-371-2600]

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe]

**ISSUE AGE:** [35]

**CERTIFICATE DATE:** [7/1/2012]

**SEX:** [male]

**FACE AMOUNT OF INSURANCE:** [\$100,000]

**CERTIFICATE NUMBER:** [1234567]

**PREMIUM CLASS:** [NON-TOBACCO]

**OWNER:** [John D. Doe]

**DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[30] Yr Level Term	[\$100,000]	[\$250.00]	[30 Years]	[2040]
Contract Policy Fee		<b>\$75.00</b>	[30 Years]	[2040]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

**ANNUAL**  
[\$325.00]

**SEMIANNUAL**  
[\$169.00]

**EFT (MONTHLY)**  
[\$27.07]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the [AR Department of Insurance is 501-371-2600]